STATE OF C	CALIFORNIA	THE OLAIM		_										1
		PENSE CLAIM				ctions an it on Reve		,			Page	1	of	
STD. 262 (REV 10/92) Stateme [CLAIMANT'S NAME]										DEPARTMENT				1
Lisa Pag										Governo	or's office	е		
POSITION CB/ID NOMBER						DIVISION OR BUREAU					INDEX NUMBER			
Chief Deputy Press Secretary						Communications/Press						SEL FOLIOUS	NIIWDED.	
RESIDENCE ADDRESS							A STATE OF THE PARTY OF THE PAR				TELEPHONE NUMBER			
						State Ca	pitol Bld	g.		STATE			ZIP	
						Sacrame	ento			CA	*	95814		
				MEALS				RANSPORTATION		73014				
MONTH/YEAR LOCATION			T T T		T				CARFARE,			BUSINESS	TOTAL	
		WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		TOLLS,	PRIVATE	CAR USE	EXPENSE	EXPENSES
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY
		Sacrament												
		o/Los				1		1		1				
1-May	5 a m	Angeles						340.85	air and taxi	7.00				347.85
		Sacrament										1		
7-May	10 a m.	o/San Jose						2			226	100.57		100.57
		Sacrament				7		1	air and taxi					
		o/Los	<i>-</i>									0.00		404.00
10-May	4 p.m.	Angeles	144.89		V	16.00		333.20				0.00		494.09
11-May	31	Los Angeles		6.00	10.00			20.00	taxi			0.00		36.00
												0.00		0.00
												0.00		0.00
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												0.00		0.00
SUBTOTALS 144.89			6.00	10.00	16.00	0.00	694.05	0.00	7.00	226	100.57	0.00		
COLLIMA	COLUMN CODE (ACCTG. USE ONLY)			0.00	10.00	10.00	5.00 F62(0) 454	094.03	0.00	7.00	220	100.37	0.00	
COLOWIN	CODE (NOOTO. GOL GIVET)	distributed to the		BOD COMM					The same of the sa				
CLAIM TOTAL											\$978.51			
		IP, REMARKS AND I									NORMAL	WORK HO	JRS	
		staff Governor's sp							th	•				
Culver City local electeds. Travel to San Jose to staff San Jose SolarTech speech.									-	PRIVATE VEHICLE LICENSE NUMBER				
										_				
										-	MILEAGE RATE CLAIMED			
											0 445			
								01.00001		31V	AGEN	CY ACCO	UNTING	OFFICE
I HEREBY C	CERTIFY, Th	nat the above is a true staten	nent of the tra	avel expenses	s incurred by	me in accord	lance with DP	'A rules in the	e service of th	ne State of	2	/ JUGE	ONLY	_
California I	If a privately	owned vehicle was used an	d if mileage e	exceeds the m	inimum rate,	I certify the d	cost of the op	erating the vi	ehicle was eq	ual to or		707		
		imed, and that I have met the												
Ē		ety and seat belt usage												
					DATE	10%	SIGNATURE	OF OFFICER	APPROVING	TRAVEL AND	PAYMENT		DATE	
					5/13	109								
SIONATORE	01 111111111111111111111111111111111111		ENSES										DATE	
														1 0
													2//8	109

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